Science Library

DEC 31 1948

BULLETIN of the MENNINGER CLINIC

Vol. 13, No. 1 January, 1949

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Topeka
Kansas

Issued bi-monthly by the Menninger Foundation, Topeka, Kansas.
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THE CULTURAL SIGNIFICANCE OF THE CHANGED ATTITUDE TOWARD WORK IN GREAT BRITAIN

By W. N. EVANS*

The purpose of this paper is to assess the cultural significance of the changed attitude toward work that has taken place in England since the war. This new attitude is reflected, on the one hand, in the new importance assumed by the producing classes who are seen as warriors in a battle of production; and on the other hand, in the rapid disappearance of the leisured classes. Once a cultural ideal, the gentleman of lesiure is now stigmatized as a "spiv" or a "drone." It is not in terms of the end of liberalism or the disintegration of the Empire that the citizen sees the crisis of our time, but in terms of a national slogan: "We work or we want."

To an American reader, for whom work has a different cultural significance, such a naive reminder of the importance of work may seem strange. But it must be remembered that in England, where old habits of thought persist and where the appeal is nearly always to tradition and precedent, attitudes toward work were for centuries determined not so much by the realistic consideration of earning one's daily bread, as by the subtle nuances of social distinction. To reduce these occupational distinctions to mere economics is entirely to miss the point: they were rather a matter of narcissistic evaluation. At the summit of the social hierarchy was the leisured class of whom the living embodiment was the English gentleman. Defined by the lawyers as "one of no occupation," approved by the fashionable novelists as one who had "never soiled his hands with trade," he has now been dismissed by Bertrand Russell "as one of a society of equals who live on slave labor, or at any rate upon the labor of men whose inferiority is unquestioned."

It was by this class, which could dispense with the need to work, that the Empire was acquired and administrated. To govern, whether in the Colonies or the Commons, was its prescriptive right. Our English civilization, as we have known it in the past, was essentially the creation of the leisured gentlemen who had never stooped "to engage in a gainful occupation." To become one, to adopt the insignia of Esquire, had been the cultural ideal of the Englishman ever since the fifteenth century. It was a race from which none was barred: the only thing that mattered was the final incontestable result, that one should think and act with the easy grace of one accustomed to give orders. To achieve this status none

* London, England.

strove harder than the merchant and the tradesman. Daniel Defoe[1] wrote a famous book of instruction, *The Complete English Tradesman*, which had as its avowed object the instruction of the tradesman in the ways of a gentleman: "to say a gentleman-tradesman," he contended, was not the paradox it seemed.* This was the goal to which the successful aspired: to become a gentleman and, if possible, to send one's son to a public school which existed—and to a less extent still exists—for the purpose of educing the qualities necessary to become a member of a governing elite.

Along with this ideal went another important concept, that of a "liberal education," which is defined by the Oxford English Dictionary as an "education fit for a gentleman; i.e., not professional or technical." The implicit assumption was that those who received a liberal education would not have to work for a living; in vain therefore one would look for the acquiring of a skill in its curriculum.

That, in brief, is the tradition that is rapidly disappearing. The purpose of this communication is to inquire how these traditional attitudes arose, to trace the pedigree of these ideas about work, in order to understand better the unconscious forces at work in our changing social order.

I

The first step toward answering this question lies in the fact that this traditional attitude toward life and work outlined above is essentially Athenian. That is to say, it is classical and aristocratic. It is an outlook that is particularly reflected in the teachings of Plato and Aristotle who flourished at a time when Greek thought had ceased to be creative.

The Athenian "democracy" was limited to the citizens who formed an exclusive leisure class. Excluded from citizenship were those who worked: the women, slaves and enemy aliens. It was a conception of society in which the workers must never rule and the rulers must never work—at least, not for a living. The contempt of the leisured citizens for those who worked for a living was expressed in the word, *banausic*. Included under this social ban were all the craftsmen, that is, all those who worked with their hands: the mechanic, artisan and laborer. The word was also extended to include all those who worked for a living and so came to mean "professional" or "wage-earning." The word *banausic* reflects the ancient contempt with which the hunter and fighter regarded those who did menial

* Consider the stigma of the sign, "Tradesman's Entrance" that leads discreetly to the rear of the house. Consider also the fact that while the gentleman faced bankruptcy rather than dishonor his gambling debts, the tradesman's bills could wait even though the tradesman should himself face bankruptcy.

work. Consequently, the education of the citizen never included the teaching of useful arts: only the slaves could be taught them. Education had to be a preparation for the "good life" which was based on the notion that "the first principle of action is leisure." Here is the origin of our liberal education. Aristotle goes even further and insists that his feudal gentleman must never take too much interest in any occupation, art or science, else evil results will follow: he will become proficient, like a professional, and so lose caste.

The decadence that overtook Greek thought after the creative glory of the Periclean Age is summed up in the word *sophos*. This at first meant "skilled in any handicraft," and later came to mean "abstruse" or "obscure" or, as we might say, "metaphysical." "Throughout modern times," Bertrand Russell[2] comments, "practically every advance in science, in logic or in philosophy has had to be made in the teeth of opposition from Aristotle's disciples."

II

The social consequences of this classical contempt for the manual worker have been enormous. Medical science has been least affected, yet even here the social stigma attached to the manual worker did succeed eventually in depressing the status of the surgeon, and the study of anatomy itself fell a victim to this ancient prejudice. *Cheirourgia* included all manual arts, such as those of the painter and carpenter as well as that of the surgeon. Professor Farrington[3] has recently discussed this matter at length and he quotes the eminent Vesalius as follows:

> "At that time (i.e. after the barbarian invasion) and first in Italy, the more fashionable doctors, in imitation of the old Romans, began to despise the work of the hand. They delegated to slaves the manual attentions they judged needful for their patients, and themselves merely stood over them like master builders. . . . Methods of cooking and all the preparations of food for the sick they left to nurses; compounding of drugs to apothecaries; manual operations to barbers. Thus, in course of time, the art of healing has been wretchedly rent assunder, until at last certain doctors, advertising themselves as physicians . . . have relegated the rest of medicine to those whom they call surgeons and scarcely regard as slaves." He continues: "When the whole conduct of manual operations was entrusted to barbers, not only did doctors lose the true knowledge of the viscera but the practice of dissection soon died out."

Even today one may hear that a man has been excluded from a club on the ground that he is a dentist; that is, for the same reason that the Amateur Rowing Association still excludes from membership anyone who "has

been, by employment for wages, a mechanic, artisan, or laborer engaged in any menial duty."

The repercussions of this ancient dichotomy between the techniques of the workshop and the abstract speculations of the theoretician are a subject for the historian of science. In passing, however, it is of interest to note how this contempt for the *banausic* arts has left its imprint on our language. The following words associated with manual occupations, all have a sinister implication: "crafty," "cunning," "designing," "artful." The word, "artisan," derives from the Latin *artitus*, meaning "artful" or "cunning."

III

The word *banausic* implies a contemptuous attitude toward those who work with their hands and also toward those who work for a living. A result of regarding "a gainful occupation" as socially degrading is seen in the rigid distinction that existed in England between the trades and the professions. The aspirations of the tradesman to become socially respectable have already been noted. In fact, however, it was the professions who were the first to become gentlemanized.

In considering the attitude of the learned professions to the matter of working for money we are met by a curious paradox. The words, "professional" (i.e. money-earning) was one of the meanings of the word *banausic*. The distinction is most clearly seen in sport where there is a sharp discrimination between the professional and the amateur. But in the professions the adjective has lost its social stigma and become almost synonymous with "respectable": that is to say, its meaning has in the course of time been reversed. The genteel illusion has to be maintained that pecuniary gain is not deliberately sought but is incidental. Consequently, the English doctor never advertises. The solicitor, throwing etymology to the winds, never solicits. The barrister still wears on his robe a small bag, a memento of the days when he never deigned to charge a fee but merely accepted the gifts of grateful clients. It is a reminder that ideally he is still in the tradition of the Knight Templar of chivalry who served only for love—unlike the members of the "oldest profession in the world" who ply their trade openly in the street and are a perpetual reminder of the original meaning of "professional," wherein the primary motive is pecuniary gain. In the professions, therefore, we have an example of how civilization does its work and a reaction-formation is built up.

IV

An important factor in perpetuating the distinction between the mechanical arts and the abstract processes of the "higher learning" is to be found in the traditional role of the clerk.

The productive techniques were at first transmitted orally. The art of writing was a later development, and till recent times reading and writing were mysteries for many people. Originating with the priestly corporations, the clerk, who had for the most part the monopoly on reading and writing, was closely identified with the ruling class. In fact, it was not till after the Reformation that the lay figure of the clerk began to be distinguished from the "clerk in holy orders." But even when the clerk was a servant, he was always a privileged servant, exempt from manual toil. Even today the position of the clerk in the occupational hierarchy is distinctive. The black coat, white collar and clean hands are symbolic of his cultural derivation from the priest and, equally important, of his social superiority to the manual worker. This is particularly noticeable in the civil service where the clerk is still the mouth-piece of the administration. Hence, it is no accident that he writes in a ponderous, obscure manner commonly known as "officialese." He does it for the same reason that the mediaeval priest mumbled a Latin liturgy which the common people could not understand.

Because the scribe was the adjunct of the administration he shared the traditional contempt for the artisan and thought it beneath him to record the details of technical developments. In this connection it is of interest to note the recent researches of Partington[4] (Origins and Development of Applied Chemistry, 1935.) who has made the first inquiry into the origins of applied chemistry down to the end of the bronze age. All the techniques on which the classical world depended are wholly derived from much older cultures. The sciences of the classical world are not originally developments of national genius, but decadent forms of craftsmanship which had existed for a long period, often as long as that which separates us from the best days of Greece and Rome. "The further developments of applied Chemistry," he concludes "are mostly very recent." (p. vi)

The distinction that developed between the arts and the sciences is partly due to the fact that the clerkly tradition has always tended to engender an academic remoteness from the realities of daily life, so that long ago when writing of man's technical discoveries Lord Bacon[5] observed that they "were more ancient than philosophy and the intellectual arts; so that, to speak truth, when contemplation and doctrinal science began, the discovery of useful works ceased."

V

If, therefore, one turns from the written records to the archaeologist for a description of technical discovery one discovers that the technique on which all later civilizations were founded originated not with the hunter and the fighter, but with the woman. Gordon Childe[6] has given a description of the technical inventions of pre-literate barbarians; the "neolithic

revolution," he calls it. "All these discoveries," he says, "were, judged by ethnographic evidence, the work of women. To that sex, too, may by the same token, be credited the chemistry of pot-making, the physics of spinning, the mechanics of the loom and the botany of flax and cotton."

As an anthropologist, Thurnwald[7] bears out this view. "The view that menial work grew up in connection with the utilizing of women is very probably correct." The oldest kind of work, he adds, was probably in the beginning women's work. Veblen[8] is still more emphatic: "Virtually the whole range of industrial employments is an outgrowth of what is classed as women's work in the primitive barbarian community."

From a psychoanalytical point of view one may suggest that work was despised in the eyes of the hunter because it was associated with the castrated person, the woman. Anyone, therefore, doing menial work was correspondingly degraded. Referring again to Thurnwald's account of the origins of the division of labor, he says that male labor originated with prisoners of war who were treated as women—"and it is not an accident that male captives should be required to dress as women." If one traces this original division of labor through the subsequent, complicated stratification of later civilizations he finds that it conforms to this basic pattern. Thus, both ancient Greece and feudal England were alike in that both consisted of a fighting class supported by a working class which was regarded as inferior. The hunter, who for narcissistic reasons was compelled to despise the woman satisfied his needs not by creative work, but by forceful seizure. When divested of the openly aggressive elements, the feudal knight becomes the prototype of the English gentleman. In the same way the clerk develops into the scholar. In time both those who rule and those who think become increasingly insulated from those who work.

Philology bears out such a surmise, quite apart from the female associations of the English word *labor* and the French *travailler*. The Greek *techne* included all manual skills: the verb, *tikto* means "to bring into the world" and is used of the woman in the sense of "to bring forth." Its general sense is to "create" or "produce." But the lexicon goes a step further and reminds us that the root word *tek* means to "cut out" or "castrate." It is, then, the castrated woman who first "labors" and "produces." Such a conception of woman, who frightens owing to her castration, was as Freud[9] pointed out inevitable among the Greeks, who were in the main strongly homosexual.

On that assumption we may the better understand the dread of retaliation which has always disquieted the ruling classes. For example, in the early development of medical science so competent an authority as Theodore Gomperz[10] points out that the social importance of the Hippocratic

Oath consisted, among other things, in the fact that the "handicraftsman" (i.e. surgeon) undertook not to castrate (The discussion turns on the words, "I will not cut or burn etc.")

In the complicated stratifications of our western society the castration threat, however, finds a disguised, regressive expression in a threat of starvation, and starvation easily lends itself to an economic interpretation. Thus the working classes were coerced by the threat of unemployment (starvation). The threat has now been removed by a policy of full employment, so we find that the producing classes are now in control and the power behind the throne is no longer the Bank of England, but the miner, the farm-worker and the docker. A dockers' strike is now felt as a threat of starvation to the whole community.

In the same way it is fashionable to explain our famous English snobbery and our caste system in terms of a hierarchy of wealth. But the lexicon, which is concerned with taking words literally, reminds us that while a "snob" once referred to a manual worker, a "journeyman shoemaker," it originally drived from an Icelandic word *sneypa* meaning "to castrate." The lexicon also reminds us that "caste," "incest" and "chastisement" are all related words deriving from a common root. The explanation of such a constellation of related ideas is not to be found in a theory of economic determinism, but rather in terms of those hypotheses formulated by Freud[11] in "Totem and Taboo" whereby he derived ethics, society and religion from an original nuclear complex.

The present class struggle which we now see in terms of the more ominous words "left" and "right" is easily viewed as an economic struggle for power. But the word "left" derives from a Dutch base *lub* from which we get the Dutch, *lubben* meaning "to castrate," and the word "right" from the root *reg* ("to rule"—with an accompanying moral flavor). When we listen to the dialect of the unconscious in these words we can well understand why the old ruling elites regarded the aspirations of the working classes as subversive and sinister. They regarded them as morally reprehensible, i.e. "not right."

To sum up: the purpose of this short communication was to look at our disintegrating culture as it is reflected in our changing social attitudes to an important human activity, viz: work. The rapid influx of women into industry, our changing conceptions of education and, not least, our changing moral climate are the inevitable consequences of the collapse of the classical, aristocratic principle which, in the Middle Ages, formed the basis of European unity; and afterwards of that intellectual tradition which we regarded as distinctively European. In Britain we had the last stronghold of that tradition. Its rapid disappearance from this country, together with the way of life and the canons of behavior associated with it, may be re-

garded not merely as the end of an epoch, but as the last chapter of European history in any sense that we have understood that term in the past.

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THE DOCTOR AS A LEADER*

By KARL A. MENNINGER, M.D.

It is an ancient convention that upon the occasion of a group's completion of a prescribed course of study, such as that of the medical school, some seasoned warrior is appointed to array himself in vestments symbolic of his long battle with the mysteries of the universe, and to indulge himself in platitudes and rhetoric as the one last torture to which the novitiates are subjected. It is a significant occasion—a time for welcoming, cautioning, exhorting and inspiring. It is an appropriate moment for administering again in spirit, if not in words, the oath of Hippocrates. It is an occasion for someone slightly removed from the inter-personal processes of teaching and learning in which you and your faculty have been engaged to offer you and them the congratulations of the rest of the profession and of the people of the world to whom you will minister—to *you* and to those dedicated men in your faculty who have given their best to give you a good start in the lifelong process of learning.

It is a temptation to indulge in the privilege and the honor accorded me by continuing in a philosophical vein some reflections upon teaching and learning. Unhappily doctors are too often led to believe that philosophical reflection is a vice to be shunned, and I have known some of them to exemplify a stern renunciation of the temptation by delivering as a commencement address some exceedingly dull observations regarding the cultural media best suited to the cultivation of a newly discovered bacterium in the left ears of some Abyssinian primitives.

I shall try to avoid both errors. I could easily discourse on the subject of psychiatry because for thirty years I have practiced psychiatry and for most of that time I have taught psychiatry. More recently I have tried to combine the direction of a large Veterans Administration hospital, in which we have tried to develop some new principles of medical integration and hospital treatment, with the equally fascinating task of organizing and directing the graduate training of over a hundred internists, surgeons and psychiatrists. My knowledge of psychiatry has stood me in good stead in this, especially in helping me to realize the importance of leadership. I have often asked myself: Why have we so few good leaders? Is it possible to train leaders? Is it something which we can deliberately inspire and cultivate? Or is leadership something that is inborn in a few? At any rate it is something we can talk about because it is a function and a

* Commencement Address to the graduating class of the University of Rochester Medical School, March 27, 1948 in Rochester, New York.

responsibility which falls to every doctor—usually to his very considerable surprise.

In a remote and isolated section of South America there was discovered in 1915 a small tribe of Indians known as the Nambikuara. A few years ago they were made the object of a careful study by a French anthropologist, Claude Levi-Strauss.* In the consideration of the basic psychology of leadership I know of nothing more stimulating than his report of these studies.

Each year at the end of the rainy season, the semi-permanent dwellings in the forest near which the primitive gardens of the Nambikuara are tilled, are abandoned and the population splits into numerous bands formed on a free-choice basis consisting of two to ten families, each of which has a chief. Theoretically these chiefs hold office for life and name their own successors, but the nominee is not always willing to serve; chieftainship does not seem to be coveted.

Nearly 400 years ago Montaigne asked a representative of another tribe of Brazilian Indians what the privileges of the chief were and received the answer, "To walk ahead on the warpath." In one of his essays (Des Cannibales) Montaigne dilates upon his proud definition. Four centuries later Levi-Strauss received the same answer! Actually the Nambikuara word for chief seems to mean "the one who unites." Of this Levi-Strauss says, "This etymology suggests that the native mind is fully conscious of this extremely important phenomenon . . . the leader appears as the cause of the group's willingness to aggregate rather than as the result of the need for a central authority felt by a group already constituted." Each chief is entirely responsible for the management of his group—orders the start of their wandering period, selects the route, chooses the stopping points and duration of stop, organizes the hunting parties, and, in short, takes the full responsibility of everything the group does.

His authority depends entirely, however, upon continued approval or consent. Therefore, the structure of the group might seem to be very weak. How does the chief maintain it, one might ask. By generosity. The chief must continuously give of food, tools, weapons, ornaments, etc., to the members of his group. He must be chief entertainer, singer, dancer, ball player, and general stimulator. He is by far the hardest working man in the tribe. Levi-Strauss describes one particular occasion when the group which he was observing ran out of supplies. The hungry natives simply lay down in the shade and waited. The leader did not wait or discuss, but took the problem as a matter of course and left the camp accompanied by one of his wives. Late that evening they returned

* The Social and Psychological Aspect of Chieftainship in a Primitive Tribe: The Nambikuara of Northwestern Mato Grosso (Brazil). By Claude Levi-Strauss. *Transactions of the New York Academy of Sciences*, 7:16–32, October 23, 1944.

heavily laden with baskets filled to the brim with edible grasshoppers which they had spent the day catching and which they now donated to the group.

The chief is the only member of the group who is permitted to polygamize. The function of the polygamy is a curious one; it creates a permanent imbalance within the group as between the number of marriageable boys and girls. It constitutes the functional device placed at the chief's disposal by the group which enables him to carry out the exacting duties. The author believes that *consent* is at the same time the origin and the limit of this leadership. The relationship between the Chief and the group is a perpetual process of arbitration where the Chief's talents and authority, on the one hand, and the group's size, cohesion and willingness on the other, constantly interact. This (mutual) consent is the psychological basis of leadership.

Levi-Strauss inquires why anyone is willing to take this arduous job of chieftainship. He thinks the polygamous privilege, highly valued though it is physically, sentimentally, and socially, would not be sufficient to determine the leader's acceptance. He thinks there is something more which he felt rather than actually proved to himself: namely that "there are chiefs because there are in any human group, men who, unlike most of their companions, enjoy prestige for its own sake; feel a strong appeal to responsibility; and to whom the burden of public affairs brings its own reward. These individual differences are certainly emphasized by different cultures and to unequal degrees. But their clear-cut existence in a society as little competitive as the Nambikuara strongly suggests to my mind that their origin itself is not cultural. "Men are not all alike; and in primitive societies . . . those individual differences are as keenly perceived and worked out as in our so called individualistic civilization."

I have cited these observations about a tribe of Indians to lead your thinking in the direction of the function of a leader and the meaning of leadership in our own society. Doctors have traditionally assumed the responsibility of leadership almost without knowing it. The profession inherits this responsibility from centuries of social custom. Doctors have been given special privileges of education and they are afforded special privileges of social prestige and legal permission. Every doctor, therefore, has the obligation to assume that degree of leadership of which he is individually capable.

Dr. Romano of your faculty, Dr. Bartemeier of Detroit, Dr. Whitehorn of Baltimore, Dr. Kubie of New York and I were sent to the European Theater of Operations shortly before the end of the war to make a study of the disintegration which occurred to so many men under the stress of battle conditions. Most of our conclusions could be summed up in one simple sentence: There were too few good leaders!

On the other hand, however, there were many fine leaders who understood intuitively or by training what leadership meant and what it required. Among these fine leaders, I am very proud to say, there were a very large number of men who probably did not consider themselves leaders at all. They were the young doctors who served as battalion surgeons in the very forefront of combat. By their example of courage and devotion and scientific absorption without loss of the essential human qualities that a doctor must preserve, they were real leaders.

Colonel Marshall, a military observer, has written forcefully about leadership in the war, describing how officers were continually discovering powers of strength in individuals whose earlier service had been "lusterless." Men suddenly became leaders under certain situations of stress; sometimes they actually took the leadership away from their superior officers to the annoyance of the latter (who, for example, sometimes refused to decorate really great heroes). "Those were not small men, moved by jealousy. They were puzzled men who were groping their way through one of the most complex of all human relationships. Someone had failed to counsel them properly" (with respect to leadership, of course). Marshall contrasts, in this regard, command as a prerogative with leadership as a responsibility and technique.

Then he develops the point that although gunfire wins battles and everyone assumes that soldiers in combat shoot their guns, repeated and thorough investigations discover the astonishing fact that only about one-fifth of them ever do so! Occasionally, "in the most aggressive infantry companies, under the most intense local pressure" the figure rose above 25%; the average seems to have been about 15%.

Marshall keeps coming back to faulty leadership as the main thing in military failure. He brings out the great importance of proper communications and especially lateral communications, feeling that a lack of these was one of the most demoralizing influences. He points out that there is a lot of pressure from above to get reports back up, but not enough effort to get reports back down and across. He cites some dramatic examples to show how communication routines sometimes blocked rather than furthered leadership. For example, "In the Burton Island fight during the invasion of the Marshall Islands, one of those prodding demands for more progress raced from division right through lower headquarters to a platoon which had been stopped cold by Jap fire coming from spider holes arranged in great depth along the beach. Lieutenant B—— got the message and crawling forward to his most advanced rifleman, told him to get up and go on. The boy screamed, 'So the whole god-damned Army wants to kill me, does it? O. K. Lieutenant, here I go, but watch what happens.' He was shot dead almost before he had gotten out of his tracks. That incident seared deep into the brain of every man who

witnessed it. It was a final judgment on the futility of that kind of leading.

"As I went about my work, I came to see, more fully and more surely than I have expressed it in the tactical portions of this book," wrote Marshall in conclusion, "that the great victories of the United States have pivoted on the acts of courage and intelligence of a very few individuals. The time always comes in battle when the decisions of statesmen and of generals can no longer affect the issue and when it is not within the power of our national wealth to change the balance decisively. Victory is never achieved prior to that point; it can be won only after the battle has been delivered into the hands of men who move in imminent danger of death."

"In every society there is a leading class born for leadership and without which nothing can be accomplished." (Lyantey, quoted by Marshall).

Less dramatic leadership than that of war and less primitive leadership than that of a tribe of Indians but leading to the same conclusion, is the leadership a good teacher gives to his students, the leadership that a good dean gives to his faculty. You graduates of the University of Rochester Medical School have good reason for considering the significance of leadership and the influence of a great leader. For the equivalent of four years you have worked under the eye and the hand and the heart of one.

Dr. George Whipple, who has been your pilot—the pilot of your class, your school, your faculty—has all the attributes of a great leader. Every one of you is personally known to him; every one of you has been personally followed and guided and helped by him; every member of your faculty looks to him. It was he who built up this school; it was he who projected its unique ideals and its fine standards; it is he who has given the best years of his life toward making it a justly famous center of scientific education. One thousand excellent physicians have gone forth from this school in its quarter of a century of existence and they have gone forth with the ideals of their leader held firmly in their minds and hearts. The greatest tribute you can pay your leader is to try to be like him, and I know that Doctor Whipple is the kind of a leader who will be proud and happy to see some of you become even greater leaders than he. For the world is really very short of leaders—it is sick today of leaderlessness. Medical scientists more than anyone else should realize this and should do their part to remedy it. The practice of medicine is not to be viewed as an opportunity to live well, to do great operations, to earn big money. It is an opportunity and obligation to work very hard, to make much self-denial, to give much, to assume much responsibility; in short to be a leader.

In emerging from the status of student to the status of self-supporting citizen, you will find it necessary to assume leadership in directions that you have never thought about before—in community planning, in school

board administration, in park programs, in social welfare problems. You will discover that you have much more to do than to treat your patients and care for your family; much of your time will have to be spent in counseling the relatives of your patients and the friends of your family. Your counsel cannot be armchair advice; it will have to be to a considerable extent counsel based upon example.

Finally, I would like to say a few words about your responsibility to help us teachers do a better job of what we are trying to do for the next generation of students. For it will be your duty to think how we might have done a better job in teaching you. I have tried to fancy what you might say to us after you have come to feel in practice the dilemma of the modern physician. I think you might feel then like giving some good advice to the medical educator in *his dilemma*.

For our dilemma—the dilemma of the medical educator—is simply put in ancient words: Life is short and the art long, the occasion instant, experiment perilous, decision difficult. What shall we teach the medical student today that will be truly useful to the physician of tomorrow?

I think perhaps you might say to us something like this:

"Remember, please, that these men who are in your charge for four years must not only acquire technical knowledge; they must acquire self-knowledge; they must acquire a realization of the role they are to play in the complicated social structure of a complicated world.

"Hence, they must know more about that world than it is given to the average citizen to know. They must understand their role in it as leaders, as guides, as counsellors, as givers—as well as their role in the alleviation of pain and the forestalling of death.

"We know you teachers have all too little time in which to give these young men this knowledge and this inspiration. Hence, don't let them spend too much time smoking kymograph drums and preparing culture media. Don't let them try to memorize 2,000 anatomical terms. Don't teach them some of the ponderous nonsense which, in all good faith, you laboriously taught us.

"Teach them to feel some responsibility and some authority in fields outside the laboratory and the surgical amphitheater. Teach them all you can about human beings—human beings in a changing world—human beings that have feelings as well as sensations, and ideals as well as organs. Teach them something about the paralysis of frustration as well as the paralysis of poliomyelitis, and something about the malignancy of hate and prejudice as well as the malignancy of streptococcus viridans.

"Teach them the sophistry of deterministic causality and show them how there can be no such process as something *causing* something else, and no real sense or wisdom in a search for a cause. Teach them rather

to look for meaning, meaning in what the patient does, what he feels, what he says, what he suffers from.

"Teach them a new concept of disease, one that really fits the facts instead of reiterating the old shibboleths. Most of the things that we call disease are efforts of a part of the organism to restore the internal balance that has been disturbed by external traumata, and we know that the external traumata are as often psychological as physical or chemical.

"Teach them, as Plato told the Athenian army physicians after the Phrygian campaign, '. . . so neither ought you to attempt to cure the body without the soul; and this is the reason why the cure of many diseases is unknown to the physicians of Hellas, because they are ignorant of the whole, which ought to be studied also; for the part can never be well unless the whole is well—for this is the great error of our day in the treatment of the human body, that physicians separate the soul from the body.'

"Teach them the words of Oliver Wendell Holmes something about the psychology of bedside manners:

> 'And last, not least, in each perplexing case,
> Learn the sweet magic of a cheerful face;
> Not always smiling, but at least serene,
> When grief and anguish cloud the anxious scene.
> Each look, each movement, every word and tone,
> Should tell your patient, you are all his own;
> Not the mere worker, purchased to attend,
> But the warm, ready, self-forgetting friend,
> Whose genial presence in itself combines
> The best of cordials, tonics, anodynes.'

"Teach them, finally, something of culture; that, in the words of John Cowper Powys, 'There is nothing more expressive of a barbarous and stupid *lack* of culture than the half-unconscious attitude so many of us slip into, of taking for granted, when we see weak, neurotic, helpless, drifting, unhappy people, that it is by reason of some special merit in us or by reason of some especial favor towards us that the gods have given us an advantage over such persons. The more deeply sophisticated our culture is the more fully are we aware that these lamentable differences in good and bad fortune spring entirely from luck. . . . At any moment fortune's erratic wheel may turn completely around and we ourselves may be hit by some totally unforeseen catastrophe. At any moment we are liable, the toughest and strongest among us, to be sent howling to a suicidal collapse . . . hence, the more culture we have, the more deeply do we resolve that in our relations with all the human failures and abject and ne'er-do-wells of our world, we shall feel nothing but plain, simple, humble reverence before the mystery of misfortune.' "

ADAPTIVE PROPERTIES OF SENSORY FUNCTIONING: SOME POSTULATES AND HYPOTHESES*

By GEORGE S. KLEIN, Ph.D.†

It is said that three angels were surveying God's handiwork on the morning of creation. "How did he do it?" asked one; "How can we use it?" asked a second, and the third, "What is it for?" These define the three basic viewpoints with which the scientist may confront the sector of events which he has chosen to study. In scientific jargon they are called the mediational, applied, and biological views.

Curiously, the older generation of psychologists who have been concerned with perceptual phenomena have rarely invoked the third question—"What is it for?"—in attempting to understand their special sector of nature. By and large, the mainstream of "pure" research in perception has been mediational—directed at specific processes and oriented toward unravelling the intricacies of what makes them tick. The failure to extend inquiry to the adaptive significance of perception has effectively divorced such studies from problems of personality, since by definition the latter must be concerned with the adjustive responses of the organism.

Today theoretical advances including an increasing interest in the nature of ego-structure, and the demands of clinical practice for precise measurements of well-defined functions, have propelled inquiries into the adaptive properties of perceptual processes and their functional variations. Any attempt to conceptualize this aspect of perceptual functioning at the present time has the benefit of only very meagre empirical findings. Nevertheless, speculative, incomplete, and tentative though it must be, a beginning effort in this direction can be worthwhile in spotlighting key questions and possible relationships. It can serve as a temporary conceptual scaffold to provide a vantage point from which to guide inquiry and to view accumulated data on specific problems.

Our interest is directed, therefore, to the "what for" of perceptual processes. I will try to describe some of the adaptive functions of the *sensory component* of the perceptual system and to suggest certain properties through which they are achievable.

Ego Functions in Perception

Psychological adaptation is a movement toward equilibrium of an organism under tension both from its inner strivings and the demands of

* Presented at the annual meeting of the Kansas Psychological Association, Pittsburg, Kansas, April 30, 1948. These are tentative formulations developed within a research program being conducted under a grant of the United States Health Service.

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reality. Stability is achieved through processes of the ego system. The framework of ego functioning is therefore necessary to explore and conceptualize adaptive properties of perception. It is particularly useful for sifting out the sources of perceptual variations which appear in different types of personal worlds and especially for grasping the full meaning of the alterations which occur under the influence of disease.

In accordance with this framework, we conceive perceptual activity as one axis of ego functioning. The properties of the perceptual system operate in such a way as to express the person's biological totality. Particularly do they express one phase of his adjustment: those organized efforts, cryptically summarized in the term "ego," which are generated to control, delay or otherwise modulate impulses.

The next basic postulate that I wish to propose, then, is that formal perceptual properties are affected to a considerable extent by the *defensive* requirements of the ego in terms of which its functioning is largely organized. These defenses are adaptive attempts to delay and control inner strivings and thereby reconcile them with the demands of reality. The fate of needs, their idiosyncratic expression in cognitive, motor and emotional behavior, can be understood only by inspecting prevailing defensive devices for screening them.

Most clinical experience suggests that the permanent features of the defensive structure become crystallized fairly early in life, and that this is largely responsible for the quite considerable differences which appear between individual ego systems in their manner and degree of functioning.* The directional variations in the functioning of component ego properties we designate as *form-varieties*. We now offer a further hypothesis: that defensive measures of the ego system are specifically manifested in the *form-varieties* of properties of the sensory apparatus and sensory organization.

Only very limited research efforts have been made in this direction. At the present time, I will try only to indicate briefly a few adaptive properties which are apparent on the level of sensory functioning, and their economics.

First, as to adaptive ends which typify sensory functioning in general, two are evident: they may be termed *protective* and *constructive*.

Modes of Adaptation

1. *Protection:* An early formulation of this adaptive function of the sensory apparatus was offered by Freud in his concept of the "protective

* Of course, it is distinctly possible that developmental studies will reveal ego defensive systems to be *themselves* adaptive and stabilized outcomes of physiologically-anchored perceptual capacities. At this point, we can only suggest a relation between defensive and perceptual modes leaving open to future assessment the question of "give and take" between the related factors.

barrier." With it he provided the first hints of a conception that would encompass the sensory apparatus within the framework of ego functioning. Freud considered the essential components of the protective barrier to be the sense organs. He described their protective function as follows: they operate in the fashion of a "special integument or membrane that keeps off the stimuli, *i.e.* makes it impossible for the energies of the outer world to act with more than a fragment of their intensity."[2]

For Freud, "the protective barrier" is a primitive device, utilized by the organism prior to the development of the more extensive controls which emerge upon differentiation and maturation of the central nervous system; its function is to "buffer" or mediate the impact of external stimuli. For him the "protective barrier" is a necessary precursor to the development of the ego, since by preventing the organism from being overwhelmed by stimulation it makes possible a relatively favorable internal environment for maturational processes to unfold. As Bergman and Escalona[1] suggest, it may even exert a determining influence on the developing ego, a particular defensive system being in part an adaptive resultant of the earlier effectiveness or "strength" of the barrier.

2. The second adaptive function of the sensory apparatus may be termed *constructive*. It is summarized as follows by Stern:[10] "The world and its stimuli are contrasted in their infinity to the finite person with his limited powers. These powers and possibilities have a meaningful relation to life functions which are likewise limited; that is, they carve out of the world those part-regions and those inner ranges of the part-regions which are *relevant* to the person." Thus, the sensory system has properties which serve the constructive end of making order out of the influx of stimuli. These properties determine not only how much of the world shall come within the response orbit of the individual; they also insure that that portion which does so is assigned its appropriate place in the individual's architecture of experience.

I will now describe briefly some of the constituent properties of sensory organization which the ego in its defensive aims has at its disposal. These are by no means the only properties of sensory organization which serve adaptive functioning. They are only a few which in our work at the Menninger Foundation we have had occasion to conceptualize and even to deal with at first hand. To draw attention to their usefulness to the ego control system, I will indicate a few of the possible *form-varieties* these properties may take and some of the ways in which these *form-varieties* may be expressive of different defensive systems, although I must emphasize the wholly speculative character of these suggestions at the present time.

Absolute Thresholds

1. *Minimal and maximal tolerance for absolute stimulus intensities or qualities.* This is reflected operationally in the absolute thresholds, lower and upper. Out of the vast range of potential experience, one responds only to a limited sector. The upper and lower thresholds of each sensory modality bound the region of stimulation within which the individual is prepared to respond. These end points of experience have often been viewed as physiological limitations of the organism. But this obscures their adaptive significance; the constriction of the stimulus range serves the protective and to a lesser degree the constructive functions mentioned previously. Thresholds are the most elemental means, the "outer defense posts" whereby the organism excludes or includes stimuli into his frame of reference. It is conceivable how easily overwhelmed the individual would be were he unlimitedly sensitive to the infinite range of stimulation below the boundaries of the lower threshold.

We may carry this view of thresholds one step further and suggest that threshold functioning in its various form-varieties is a vehicle through which the ego achieves its defensive prescriptions. For example, it seems a reasonable possibility that some schizophrenics whose world is delimited to a narrowed orbit of interests will manifest this adjustment in a pattern of higher lower-thresholds and lower upper-thresholds as compared with normals. This may also hold true for a defensive system which favors extreme inhibition and rigidity and in which the range of tolerable stimulation or experience is severely contracted. However, room must be allowed for an equally cogent but opposite relationship if we pursue the lead, suggested previously, that constitutional differences in sensitivity may have a determining influence on the defensive system. Suppose a person is endowed with a heightened sensitivity (uniformly low lower-thresholds, low upper-thresholds) which renders him hyper-aware of even the minutest excitements about him. The threshold "barrier" for him is insufficient and he is in danger of being overwhelmed by stimuli. Such individuals might develop a compensatory defense of extreme rigidity and inhibition as a "second level" barrier against impinging stimuli.

Any attempt to explore the ego correlates of threshold functioning must take cognizance of the varying levels of sensitivity at which each sense-modality can function and the different adaptive connotations which these have. The psychophysical threshold is only one such level of threshold functioning within a modality: it is the threshold of sensitivity "that is expressly directed with full attention, upon the determination of the stimulus differences."[10] However, in other adaptive situations, sensory thresholds may be much higher and in still others much lower, as when the fate of the organism is at stake. (For example, hypersensitivity to noises in the forest when one is lost.) It is interesting to ask whether the sizes of these thresholds in various adaptive situations are predictable from those of the psychophysical situation. And if not, which of the various levels of threshold functioning may we expect to have significant ego correlates? Moreover, are these truly independent thresholds of sensitivity or merely *form-varieties* of a generalized level of sensitivity? If the latter were the case, can we expect to find characteristic ego adaptations revealed in any variant of the threshold? Or, even more, could such *form-varieties* of threshold functioning lead to discovery of new adaptive principles?

Differential Thresholds

2. *Sensitivity to relative stimulus intensities or qualities.* Within the range to which an individual is sensitized in any given modality—his "physical habitat"—he is

capable of detecting only a limited number of steps; he can distinguish in perception only a very small number of variations in intensity or quality. A person's sensitivity in noticing stimulus-differences is usually indicated by the DL (differential threshold).

Adaptively, the differential threshold may also be viewed as a property of sensory functioning crucial in the armamentarium of ego organization. Its protective function is apparent: it excludes certain stimulus-differences from awareness and allows into awareness only those toward which the ego in its defensive requirements demands selective response. Without difference thresholds, the individual, in Stern's words, "would be overwhelmed by an incessant fluctuation of irrelevant differences; it would be impossible for him to concentrate his personal energy upon what was essential and significant for life."

This concept provides a new interpretation of the familiar Weber law in terms of its adaptive significance. This time-honored generalization holds that a just noticeable increase in magnitude from one stimulus to another is not the arithmetical difference between the two but the ratio of the magnitudes; furthermore, that this ratio or DL is a *constant* fraction of the stimulus for all magnitudes of the stimulus. Peculiarly, results from different sense fields agree that the DL is constant only in the middle ranges of stimulus magnitudes; at the higher and lower values, it is variable. Explanations for this breakdown of constancy have generally been sought in the difficulties involved in eliminating experimental errors of measurement at these extremes of stimulation. However, the adaptive function we have ascribed to the DL leads us to regard the restricted validity of the law in a different light, that is, as an adjustive response. It would follow from what we have said that the threshold will remain constant only within the stimulus-range to which the prescriptions of the person's defensive structure require him to be adaptively responsive. If the life space of the individual is restricted, the range of stimulation within which the Weber constant remains unvarying would also be restricted. The range of constancy represents, as it were, "the physical habitat of the person; that region with which he is familiar, which he knows in detail, to which he responds appropriately with delicate shadings, and as a matter of course."[10] In this regard it would be interesting to investigate the generality and constancy of difference thresholds for several sense-modalities in individuals of clearly defined, differing ego organizations.

In addition to the protective function, Stern suggested also that the DL has a constructive function: it contributes to the constancy of objects in our environment. The differential threshold makes constancy doubly possible through: (a) suppressing the derangement in small differences of stimulation; (b) allowing response only to a certain fixed change in relationship which is independent of a changing absolute amount of stimulation.

Very likely, failure in the constancy of the difference threshold in the middle ranges of stimulation, as well as heightened sensitivity to minute relationships can both have severe adaptive consequences. In the latter case, absolute sensitivity would approach in personal significance the sensitivity to relations; the individual would be inundated by irrelevant differences and constancy would be poorly maintained. It is possible that the common schizophrenic phenomenon of *Gedankenabreissen* in which disorganization occurs in the normal figure-ground relation, along with inconstancy of environmental objects and increased or unstable receptivity to absolute stimuli, really reflects the breakdown in the functioning of differential limens, these either losing their constancy or becoming so minimal as to expand differential sensitivity to virtually all relative intensities, within physiological limits. As a result the per-

son cannot evaluate the personal significance of stimuli, and the objects of his perceptual world become fluid and inconstant.

Organizing Time

3. *Organizing time:* Perception is a process of organization which takes time. As revealed by tachistoscotic studies, it is progressive development from a stage of vaguely localized sense-impressions, through the vague impression of an object, to that of a meaningful individualized form. We will call this process "organizing time." Of course, in the usual course of events this process is telescoped and it is only through precise tachistoscotic measurements that these elusive and transitory stages are disengaged. It seems reasonable to suppose that the range of potential awareness (perceptual field) is an inverse function of the organizing time required for the progressive occurrence of these perceptual phases of organization. From this relationship are deducible certain adaptive functions of organizing time. For one, it can serve to exclude selectively from awareness potentially arousing objects in the environment, as Hanfmann, Stein and Bruner[4] have shown in a significant study. However, such exclusion also can be generalized in scope and *unselective* so that organizing time is overly long for all objects within a given period of attention.

For the most part studies of organizing time have been attempts to delineate the respective stages of organization. It is not known as yet how various types of defensive structures will be typically manifested in the organizing time parameter. Our previous discussion would imply that this parameter serves in any case a protective function, but its *form-varieties* will vary with the singular requirements of the various ego control systems.

To illustrate the wide-reaching ties suggested between function and defense, consider one possible consequence of a hysterical defensive system upon organizing time. In persons of this structure, the defense of repression is so rigidly and pervasively applied as to dominate a large segment of thought processes. Conceivably, one requirement of the hysterical structure is to screen off perceptual stimuli effectively. This may take the form of unusually long organizational delay so that relatively few objects achieve complete organization before attention is shifted. It would carry us too far afield to attempt similar speculations for other personality structures at this time.

The defensive utilization of organizing time has been suggested in tachistoscotic studies. Hanfmann, Stein and Bruner[4] express the view: "During the period between the presentation of the visual stimulus and the experience of perception, both sensori-neural and adaptive personality processes are at work. They combine in perception, making of it something more than mere sensation or mere autism." We would suggest, however, that the *formal properties* of the so-called sensori-neural process may themselves be adaptive; adaptive significance may attach to these formal properties quite apart from the symbolic or meaningful connotations of the stimulus. This possibility provokes an intriguing question: to what extent will the selection process in response to an object's symbolic attributes be influenced by the limiting values of formal perceptual properties?

Integration of Sense Data

4. *The "schematizing process":* Recent experiments at the Menninger Foundation[5] have dealt with an adaptive response to successive sensory impressions whereby these progressively reorganize in accordance with a sensory reference level. This

process, noted first by Hollingworth[6] and later by Woodrow[12] and others, emerged in our own work on successive comparison which indicated that the course of time error* is mostly predictable by hypothesizing such a process. Our observations led us to believe in support of these investigators that an individual when subjected to a range of supraliminal intensities of any modality proceeds to develop an attunement to the series, which consists of establishing a reference level in the course of repeated stimulation. This reference level provides him with a means for comparing and classifying all other stimuli. It is toward this level, remote or near, that the organism becomes oriented, "assimilating" all other stimuli towards it and using it as a basis of discrimination. This process we call "schematizing" because of its apparent kinship to the process which Head[5] described in detail as "schema" building, by which postural cues are organized.

Adaptively, schematizing appears to be a formal property which facilitates integration of sensory stimuli into the person's framework of response. From the standpoint of economics, its adaptive function is clear: it is "economical" for the organism to group, classify and order stimuli along several clearly defined dimensions. Considered so, it is an effective stabilization process by which the person can better cope with stimuli and thus achieve the equilibrium which is a culmination of adaptive perceptual activity.

Our results thus far indicate that increased accuracy of response is only one of several possible form-varieties which emerge through schematizing. In some cases, the subjective, stabilized schema for ordering sense-impressions may only grossly correspond to the actual stimulus order. This points up a possible relation between the schematizing process and the central ego function of reality testing. It suggests that the characteristic forms of reality testing may be reflected in the pattern of correspondence evolved between subjective arrangements of stimuli and the objective stimulus-order itself.

Summary

We have attempted in rather brief fashion to sketch the general outlines of a conceptual scaffold from which to view perception as an adaptive process toward an equilibrium, which develops in accordance with defensive and constructive functions of the ego.

Several, by no means a majority, of the adaptive mechanisms observable in the functioning of sensory processes were described, and their possible serviceability within the ego framework indicated. Their *form-varieties* in different ego structures constitute a still undeveloped area of research. From the standpoint of the theory of the ego, the manner of viewing the perceptual apparatus which has been outlined here may help in further delineating the nature of ego-structure; on the practical side, it may

* When stimulus intensities are successively compared, there occurs a "distortion" of judgment called the "time error." This error is in part a function of the temporal relation of the stimuli. Thus, if we take two stimuli of objectively equal intensity and present them successively, the second will gain in intensity, viz. it will seem "heavier," "brighter," "louder," etc. The time error in this instance is said to be "negative." In the course of repeated stimulation, however, negative time errors are reduced in magnitude and even tend in time to turn positive.

facilitate the development of descriptive personality tests based on clearly defined rationales.

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TREATMENT OF PROBLEM DRINKERS AT WINTER VETERANS ADMINISTRATION HOSPITAL*

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Alcoholism is not a disease entity but rather a symptom of psychiatric illness. The patients treated on the "alcoholic ward" of Winter Veterans Administration Hospital run the gamut of psychiatric syndromes. It may seem paradoxical to segregate these patients by the symptom of alcoholism despite the diversity of their clinical pictures. In defense of this arrangement we offer the following reasons: (1) These patients require closed ward supervision in order to prevent them from drinking, but they do not require the usual closed ward restrictions for psychotic patients. (2) In spite of the diversity of the underlying psychiatric illnesses, excessive drinking is a common problem and common bond to these patients. This fosters group identification which is helpful in treatment. (3) By grouping these patients on one ward we can assign to them hospital personnel who have the requisite therapeutic attitude of regarding problem drinkers as sick people.

Ward Arrangement

The present ward arrangement is the result of previous unsuccessful attempts in treatment. These attempts included: (1) Nonsegregation on open wards. This resulted in the alcoholics drinking both inside and outside of the hospital and in their influencing the neurotic and immature patients to drink. (2) Nonsegregation on closed wards. This produced anxiety in the alcoholic patients and, by permitting them to compare symptoms with those of the psychotic patients, made it difficult for them to admit that their problem was psychiatric. The aides on the closed wards were reluctant to accept the alcoholic as a sick person, but tended to consider him as a "drunk" or a "bum." (3) Segregation on an open ward led to mass drinking and unapproved absences from the hospital.

It became obvious that modified closed ward supervision is required. The ward is locked at all times, but its construction is not that of a "secure" ward. There are no window grills, the doors could easily be forced open, and there is no physical security against elopement. The patients are

* Published with permission of the Chief Medical Director, Department of Medicine and Surgery, Veterans Administration, who assumes no responsibility for the opinions expressed or the conclusions drawn by the authors.

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accompanied by aides to and from all activities although they may remain unattended at open ward shops.

Experience shows that a search of patients and their luggage when they enter the ward, return from pass, or come back from the visiting room, is necessary to prevent their bringing liquor and other drugs on the ward. When explained to the patients in a group, this procedure is quite well accepted.

Personnel for the 24-bed ward consists of two psychiatrists, two to four psychiatric aides, and a nurse. A social worker and a clinical psychologist serve part-time.

Selection of Patients

The key to successful operation of the ward program is careful selection of patients who are cooperative and have a desire for treatment. Patients who are psychotic, acting out psychopaths, deteriorated alcoholics, and those who have no real desire for treatment, have a deleterious effect on ward morale and interfere with the success of the rather permissive policy. In order to secure proper selection of patients and to avoid the problem of management of acutely ill and disturbed patients on a ward that is not suited for their treatment, there are no direct admissions. Unsuitable patients are either discharged from the hospital or transferred to closed wards.

Therapy

Therapy involves individual, group, and milieu techniques as well as cooperation with Alcoholics Anonymous for selected patients. The local chapter of A. A. holds weekly meetings in the hospital.

The patients share in the responsibility for the care and the order of the ward. They are assigned by the Charge Aide to clean the floors, to be responsible for the cleanliness and order of the kitchen, and to other ward duties.

Passes are granted in the custody of relatives after the patient has been on the ward for four weeks. No distinction is made between committed and noncommitted patients. Patients receive additional passes in their own custody for the purpose of securing employment or lodgings shortly before discharge.

Individual psychotherapy is determined by the needs of the patient and is an important aspect of the total treatment.

Group psychotherapy starts with three introductory meetings for new patients with discussion of the following topics: (1) Orientation to the hospital, the ward, and a concept of alcoholism as a symptom of psychiatric illness. (2) Physiology and pathology of alcoholism in nontechnical terms

to educate and to give adequate information. (3) Personality development through infancy, childhood, adolescence and maturity; a concept of instinctual needs, the methods of gratification and the use of defense mechanisms.

After participating in the introductory meetings, the patient joins a group of six to nine members led by his physician. Several techniques are used: (1) Discussion of topics designated by the group leader or by members of the group. These include the meaning of drinking, "pleasures of the mouth," developmental consequences of parental attitudes such as overindulgence and rejection, developmental consequences of particular family constellations, and problems faced on discharge. (2) Discussion of fictitious case histories to help the patient gain insight into his own problems. (3) Presentation by individual patients of their own histories for discussion by the group. (4) "Role playing" has proved to be one of the most successful techniques and is therefore described in detail. In this technique a dramatic situation is chosen, with the roles assigned to particular patients and personnel. Sessions are held in the late afternoon five days a week on the ward. At first, attendance was voluntary and rapidly increased from ten the first week to virtually the entire ward during the second week. Six patients volunteered to play roles at the start, but most of the others were soon drawn in. Ward personnel are invited to attend, and occasional feminine roles are played by the ward secretary and the ward nurse.

Situations for "Role Playing"

Situations are chosen with three general goals in mind: 1. Situations designed to help patients deal with reality problems. Example: A problem drinker who has been discharged from the ward is applying for a job. His prospective employer is questioning him closely about his past, and the applicant must decide whether to admit his alcoholism or "cover up." (This situation was proposed by one of the patients and provoked a particularly animated discussion.) Soon it involved the larger question of the stigma popularly attached to mental hospitals in general. Some patients objected to the manner in which the role had been played and offered to show the "right way." Weeks later, patients returning from their first job-hunting passes were still referring to the practice that they had obtained in the role playing sessions. The consensus was that a former patient should not try to cover up but should state frankly he has received psychiatric treatment for problem drinking.

2. Later sessions designed to encourage community spirit, group identification, ward citizenship and better patient-personnel understanding. Example: Ward aides and nurses have shown great reluctance to report

infractions of hospital rules because of friendly feelings for the patient or fear of being branded "tattle tales" and "stool pigeons." The following scene was planned and presented: An aide (played by a patient) greeted a patient just returned from a pass and idly inspected a new portable radio the patient was carrying. He opened the back of the compartment and found a bottle of whiskey. In the discussion that followed this presentation of a problem, the group, without exception, approved reporting the incident, and the aides and nurses present gained reassurance that their function was understood.

3. Sessions directed towards affective re-education to resolve deep-seated conflicts. These scenes are aimed at individual patients but unfortunately there is little opportunity to work through and integrate material in individual contacts. Example: A passive dependent son screws up his courage to tell his widowed mother that he would like to marry, set up his own home and arrange for her to live elsewhere. The clinging, possessive mother (played by the nurse) assures her son with studied martyrdom that she will somehow make out and is too old to worry about. (On one occasion the patient at whom this was aimed, a spectator, gave a dramatic response. He remarked bitterly that the son did not have a chance but quickly added that a son should think of his mother first. By this time he was almost in tears. He had been over the same ground many times in his four hospital admissions, but the emotion was something new and seemed to mark the turning point in his therapy.)

As might be expected, the last type of situation often makes the patients uneasy. The unexpected, suddenly presented situations have an anxiety producing effect. Some patients requested that situations be posted in advance so that they could prepare for them. In the role playing, there is little of the glib intellectualizing that plagued many of the group therapy sessions previously. The discussion which follows is fresh, spontaneous, affective and meaningful.

Ancillary Therapies

Occupational therapy aims at the development of hobbies and the encouragement of new vocational interests. The Vocational Rehabilitation and Education Section helps to secure employment in the patient's previous vocational field or to redirect him to a new occupation.

For at least two-thirds of the patients (including most of the "recoveries") Alcoholics Anonymous plays a varied and vital role. The Topeka A. A. chapter holds weekly meetings in the hospital. Attendance is voluntary. In addition, individual A. A. members visit and sponsor patients on the ward as part of their "twelfth step work." A. A. is a great help in securing jobs and lodgings for patients as well as in giving them financial assistance.

Recently plans have been developed for closer cooperation between the hospital staff and the local Alcoholics Anonymous group. This includes attendance of staff members at A. A. meetings, provision for speakers from the hospital for A. A. meetings, and monthly conferences of the joint committees to secure cooperative working relations between the hospital and A. A.

The social worker helps in obtaining historical data from the patient's relatives; in working with the relatives and community agencies in order to facilitate discharge plans and rehabilitation; and in follow-up of patient's after-discharge plans.

The members of the ward team adopt a warm, friendly, nonpunitive and nonmoralistic attitude. Specific attitudes are individually determined by the needs of the patient according to the underlying psychopathology.

The following case history is presented to illustrate many aspects of the treatment program. It is also an example of repeated "unsuccessful" hospitalizations so frequently encountered in histories of alcoholic patients. Perhaps these should not be called unsuccessful, however, for we believe that each therapeutic experience may contribute cumulatively to personality reorganization, so that eventually a lasting sobriety may be achieved.

Case History

A 38-year old store clerk was brought to the hospital for the fourth time by deputy sheriffs, following a drinking bout culminating in disorderly behavior, imprisonment, and delirium tremens. The history revealed that he was an only child, was weaned early, and toilet trained remarkably early. His father died when he was four years old. The patient was raised by an indulgent but poor paternal grandmother until he was ten years old, seeing his mother only on week ends. She was extremely demonstrative and affectionate. When he was ten, his grandmother died and the patient was placed in a foster home where the atmosphere was authoritarian and punitive. At 14, he quit school though he would have liked to continue and become an engineer. He joined his mother and from then on held various jobs, eventually working his way up, by the age of 30, to assistant manager of a chain store unit. His relationships with his mother through these years continued superficially close, though marked by arguments and recriminations when in his late teens he began to spend his evenings away from home. As he earned more money he became a flashy dresser and sexually promiscuous, carefully concealing his activities from his mother.

At 22, he married against the wishes of his mother, who continued to reside in the same house. There was bickering between his wife and mother and he also felt they made common cause against him. He had two children and experienced the frustration of feeling that his wishes received scant consideration in their up-bringing.

By the time that the United States entered the war, he was drinking fairly heavily, but not to the extent of seriously interfering with his work. Rather impulsively and against the combined opposition of his wife and his mother, he enlisted in the Army. His Army record was generally excellent. He earned a sergeant's rating and was in

combat as a machine gunner at Anzio. His drinking in the Army was quite moderate, until after the war in Europe was over, when it became very heavy.

He came home to a deteriorated domestic situation. His wife and his mother were scarcely speaking to each other and each accused him of siding with the other. He continued to drink heavily, became involved in tavern brawls, and lost several jobs in quick succession. There was much wrangling over finances and then charges and countercharges of infidelity. Finally his wife left with the children and secured a divorce. The patient was ordered by the court to pay for their support. He made several attempts to quit drinking but each time became intolerably tense and suffered from recurrent battle dreams.

His first admission to Winter VA Hospital was as a means of evading a jail sentence for disturbing the peace. His manner in the hospital was self-accusatory and remorseful, but as soon as he gained some physical well-being he was impatient to leave, said he knew now why he drank, and it would never happen again. He was discharged, only to return in two months, following his first attack of delirium tremens. This time he was under court commitment and remained in the hospital longer. He was transferred to an open ward, which he promptly left without permission and returned drunk. Eventually he was discharged with seemingly nothing accomplished. His third hospitalization was brief and as unsuccessful as the preceding two. Psychological testing on this admission revealed a narcissistic character disorder with strong depressive coloring.

He was admitted for the fourth time, again under court commitment and, after a brief stay in the locked ward, was transferred to the alcoholic ward, which had just been organized along the present lines. His manner was at first arrogant and hostile, and he did not do his part in the routine ward assignments. The physician deferred comment on his uncooperativeness, but the patient sensed the group disapproval of his ward mates. In addition, he became friendly with one of the psychiatric aides, as an outgrowth of an exchange of war experiences. One morning, without comment he took his place on the ward detail. He had always been a hard worker when sober, finding some relief from anxiety in work. On his own initiative he became interested in the printing shop and applied himself diligently to learning the offset printing process. He attended group therapy sessions on the ward but was for a long time a passive listener. One day he surprised the therapist by offering a thoughtful comment that seemed to show a real insight into his problem. Afterwards, the therapist invited him to discuss the point further in the office, and the talk served as a basis for a distributive analysis, in the course of several face-to-face hours, of the patient's habitual reaction patterns. For the first time he appeared ready and anxious to examine his ambivalent feelings toward his mother, toward his former wife, and toward all women.

In the next several weeks he was granted passes, first in the company of a member of A. A., in which organization he was now intensely interested, then in his own custody. On one of these passes, he visited his mother and was so upset by her possessiveness and oversolicitude that he almost started drinking again. However, he was able to return to the hospital, talk it over with the therapist, and successfully apply his newly won insights to the situation. Approximately four months after his fourth admission he returned to his home town and a job in a printing shop, which he had located with the assistance of the hospital vocational rehabilitation office. With the help of the social worker he had made arrangements to live apart from his mother. His evenings are spent largely in the local A. A. club.

Several times he has had recurrences of his old tension states and depression and

comes dangerously close to a "slip." With the support of his A. A. friends and two return visits to his therapist, he has weathered these. We do not have further psychological tests on this patient but have much clinical evidence of diminution of tensions, less impulsivity, and less narcissistic personality organization. Now, ten months after discharge, his prognosis is at least fair and improving with every month.

We have outlined the program for the treatment of the problem drinker at Winter Veterans Administration Hospital. It has helped individual patients and has provided a practical method for the hospital management of the alcoholic veteran. Evaluation of the program must await the accumulation of follow-up data.

CORRESPONDENCE

Concerning Wilhelm Reich

The *Bulletin* has re-published the timely statement of "The Strange Case of Wilhelm Reich" by Mildred Edie Brady (*Bulletin of the Menninger Clinic* 12:61–67, March 1948). I feel that the *Bulletin* should be complimented for breaking the silence that shrouded more or less uncomfortably Wilhelm Reich's newer work. Even though written for lay people the paper of Brady is a careful and thoughtful statement of the situation. Yet there is at least one respect in which this paper remains short of satisfactory. This point is perhaps best illustrated by the following quotation, pp. 66–67:

"It would certainly not be fair to lay the whole blame for the growing Reich cult at the door of psychoanalysis itself. But some of it must be placed just there. The reputable analysts who have quoted him as an authority will tell you that they do not hold with orgone, and that Reich is now discredited among them. But as late as 1945, Otto Fenichel, in the course of his *The Psychoanalytic Theory of Neurosis*, granted Reich considerable standing, and not a few analysts declare that this book of Fenichel's is 'the current bible of the American Psychoanalytic Association.'"

Brady does not seem to realize that Reich before his turn to his "present line" was one of the important contributors to psychoanalytic theory. His German volume *Characteranalyse* ranks in many respects with Anna Freud's *The Ego and the Defense Mechanisms* in opening up the field of psychoanalytic psychology. It is this German volume of Reich and his other related publications to which Otto Fenichel justly granted considerable standing in his *The Psychoanalytic Theory of Neurosis*. From the point of view of the science of psychoanalysis it makes no difference what Reich has done since. Fenichel in his volume, which gave us the only up-to-date, systematic treatment of psychoanalysis, did not refer to the American translations of Reich's early work which bear the marks of his later turn. His references are all to the original German source.

From the point of view of the student of psychoanalysis, the early work of Reich is still an important source and it would be regrettable if the justified disclaiming of Reich's present work would discourage thorough study of his previous publications.

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NOTICE

A master index covering the first eleven years of publication of the *Bulletin of the Menninger Clinic* is available at fifty cents a copy. Address the *Bulletin of the Menninger Clinic*, Topeka, Kansas.

BOOK NOTICES

Introduction to Medical Psychology. By EDWIN WEXBERG. Price $3.50. Pp. 171. New York, Grune and Stratton, 1947.

This little book is an attempt to fill a long neglected gap in the field of general psychiatric education. As the author—and others—have noted, there is no adequate text on medical psychology for the use of medical students and practitioners.

In trying to fill this need, however, this work unhappily falls short of the mark and for one principal reason. It points up once again how ineffectual is any effort at an understanding of human psychology without a truly dynamic approach. While striving for eclecticism, the work is largely in the tradition of academic psychology and neural psychiatry; the emphasis is on behaviorism, with some influence from the Adlerian school, and there is not much more than a bow toward Gestalt psychology and a questioning nod to psychoanalytic thinking. This work would seem to be of limited usefulness to clinicians in their understanding of psychological ills. (Maimon Leavitt, M.D.)

Adopting A Child. By FRANCES LOCKRIDGE. Price $3.00. Pp. 212. New York, Greenberg, 1947.

Prospective adoptive parents will find in this book concrete, specific and sound answers to their many and often complex questions about adopting a child. The author outlines the steps involved in applying for a child from an authorized adoption agency. She also anticipates the questions and reactions of the adoptive parents at each step. Each aspect of the adoption process is considered both from the parents' and child's point of view, ranging from laws and standards protecting both, to how a particular child is matched to a particular set of parents. The role which the adoption agency plays in this procedure is described in detail. The problems which parents encounter in working with an agency are frankly considered. Backed with ample factual evidence and case illustrations, this book can also serve as a critical evaluation of extra-legal "Black Market" adoptions. (Marcia A. Leader)

Psychopathology and Education of the Brain-Injured Child. By ALFRED A. STRAUSS and LAURA E. LEHTINEN. Price $5.00. Pp. 206. New York, Grune and Stratton, 1947.

This volume is the product of many years of research by the authors on the mental make-up of brain-injured children. The characteristic disorders in perception, concept formation and behavior of such children have been formulated on the basis of clinical experience and psychological experimentation. Special educational methods specifically aimed at coping with these disorders have been devised by the authors and are clearly described.

Despite the fact that the authors state that organic behavior disorders are only part of the total behavior of a brain-injured child, there is little indication that they implement this awareness. Some of the case histories reveal obvious emotional factors in the environment, but the therapeutic approach seems limited to educational retraining. Nevertheless, the book

provides from a unifocal point of view, much information of value for those who are concerned with behavioral and educational problems in children. (Alek Skolnick, M.D.)

Psychotherapy in Child Guidance. By GORDON HAMILTON. Price $4.00. Pp. 340. New York, Columbia University Press, 1947.

This book will call forth comments and criticisms from conservative psychiatric circles. Through the agency in which she worked, the author was permitted more responsibility for doing psychotherapy than is frequently given social workers. She asks for close cooperation of psychiatrist, psychologist, and social case worker and states that they "must speak a common language, both as to the clinical pictures and the social and ego patterns of character formation and function."

In the area of treatment, the author gives a clear picture of the approaches used. The social worker psychotherapist may spend time changing the environment through work with the parents or she may concentrate her efforts and work directly with the child.

This is a book which should be read by all workers and psychiatrists doing psychotherapy with children. (Edward D. Greenwood, M.D.)

The Mind in Action. By ERIC BERNE. Price $3.00. Pp. 320. New York, Simon and Schuster, 1947.

This interesting book is primarily a presentation of the current status of modern dynamic psychiatry written for the layman, but it should also prove useful as a general orientation for the beginning student of psychiatry. It deals with normal development of the individual, abnormal development or psychiatric disorders and treatment methods of modern psychiatry. The viewpoint is psychoanalytic but it also deals adequately with other theories and the style is engaging and quite readable. The author uses a special device of putting all the illustrative case material in the same setting which is an hypothetical small community in the state of Washington, so that old friends appear again and again each time illustrating new points. This not only adds to the interest in reading but also effectively shows the interdependence of psychic and social phenomena. There are two appendices entitled "Beyond Science" and "Man as a Political Animal" which might better have been omitted. The book is recommended as a practical guide to the layman. (Fred M. Tetzlaff, M.D.)

Case Histories in Clinical and Abnormal Psychology. Edited by ARTHUR BURTON and ROBERT E. HARRIS. Price $4.00. Pp. 680. New York, Harper & Brothers, 1947.

The introduction to this book by Dr. Henry A. Murray provides an orientation essential to its understanding. Murray comments, ". . . knowing that the title of this book has no doubt already engendered in the mind of the professional reader expectations on a level with the better run of case reports in recent medical, psychiatric, and psychoanalytic publications, it is for me to state that although in certain respects many of these histories are well above standard, in other respects they are not wholly fortunate."

The chief function of this book is as an aid in the teaching of clinical psychology students. The fact that many of the case writeups do have

deficiencies makes them suitable for developing the student's critical abilities. (Robert C. Challman, M.D.)

The Engrammes of Psychiatry. By J. M. Nielsen and George M. Thompson. Price $6.75. Pp. 509. Springfield, Illinois, Charles C. Thomas, 1947.

In the preface the authors state "The aim of the present book is to present as far as possible the anatomy and physiology of human behavior." The first 100 pages are most specifically devoted to this avowed purpose and are a lucid correlative presentation of the known organic substratum of conation, emotion, consciousness, personality, etc. The rest of the book is an easily read, up to date—with references to the Lost Weekend and a chapter on psychosomatic medicine—elementary textbook of descriptive psychiatry. It appropriately includes related syndromes usually considered in the province of neurology, such as Wernicke's disease in the presentation of alcoholism. An extensive chapter on therapy contains appropriate emphasis on prophylaxis and there is an unusually detailed presentation of the mechanical therapies, but only a few pages are specifically devoted to psychotherapy.

The reader is left with the impression, though the authors adequately achieve their stated aim, that this "approach" at present is still a very limited one. (Carl M. Epstein, M.D.)

The Practice of Group Therapy. Edited by S. R. Slavson. Price $5.00. Pp. 271. New York, International Universities Press, 1947.

Various psychotherapists, medical and non-medical, have cooperated in the preparation of this book. Some of the chapters are written by several authors together, others by a single author. The former are the best chapters.

Although most of the chapters are based on papers presented at the conferences of the American Group Therapy Association in the years of 1945–47, the editor has integrated the material into a certain plan. He has attempted to relate different group therapies to specific clinical categories and diagnostic entities.

The book helps to clarify the subject and fills a gap because the literature in this field has been so confusing and presents as many types of group therapy as there has been authors. The editor tries to reserve the use of the term for planned small groups consisting perhaps of eight or fewer individuals where the group is used as a "treatment tool" and not as a "treatment process." He convinces one of the usefulness of this delimited definition. (Nic Wall, M.D.)

Personality. A Biosocial Approach to Origins and Structure. By Gardner Murphy. Price $7.50. Pp. 999. New York, Harper and Brothers, 1947.

The author, writing from the viewpoint of a psychologist attempts to integrate the biological and the social conceptions of personality. This book might be considered the first text book in a new "interdisciplinary discipline." Professor Murphy explicitly states: "To write about personality in such a way as to help in clarifying the little that we know and

to show its possible relations to the vast and confused domain that we do not yet understand—this is my aim." The broad conception of this book will make it of particular service to the student and teacher who is concerned with the development of as inclusive a theoretical frame as possible. (Bernard Steinzor, Ph.D.)

The Yearbook of Psychoanalysis. Vol. 3, 1947. Edited by SANDOR LORAND et al. Price $7.50. Pp. 309. New York, International Universities Press, 1948.

One wonders what purpose the assembly of these heterogeneous papers—all of which were previously published—could serve. If it is to show the range and versatility of psychoanalytical thinking and its application, it certainly succeeds; it also gives indications about the main trends of psychoanalytic scientific investigation which obtain at present.

In the collection are Bernfeld's "mental sleuth" paper, a bijou of analytical psychology; Adrian Jones' lecture outlining where analysis and neurophysiology could meet in a not too distant future; Bertram Lewin's thesis on dream psychology; W. C. Menninger's well organized views on "War Neurosis"; contributions from Fenichel, Edith Jacobson, Oberndorf, Sandor Lorand, and others. These papers are interesting, instructive and imminently readable. (Jan Frank, M.D.)

Stereoscopic Atlas of Neuroanatomy. By H. S. RUBINSTEIN and C. L. DAVIS. Price $10.00. Pp. 19, 43 plates. New York, Grune and Stratton, 1947.

This set consists of forty-three cards, each bearing stereoscopic photographs of representative gross anatomical embryo models and dissections of the human brain for viewing with a stereopticon, the unretouched black and white photographs being mounted beneath a labelled diagrammatic sketch of the same region. This series of dissections is well chosen and the accompanying manual outlines a dissection plan for comparison of the human brain specimen with the photographs and diagrams.

The atlas is of limited practical usefulness, far inferior in information and value to the standard text books of neuro-anatomy with their written text, illustrations and diagrams. (B. D. Foster, M.D.)

Training in Clinical Psychology. By MOLLY R. HARROWER. Price $1.50. Pp. 88. New York, Josiah Macy, Jr. Foundation, 1947.

In this volume one learns how difficult it is to reach a clear and acceptable definition of the functions of this newborn professional, the clinical psychologist. There is much learned discussion on how he should be trained. Finally, there are the dolorous strains of his ultimate demise.

Despite this Alice-in-Wonderland content, the printed proceedings of this conference are of great consequence for the future of both clinical psychology and psychiatry. Some of our most thoughtful psychologists, psychiatrists, and social workers have pooled their knowledge and opinions on issues of professional and social importance.

The swan song of clinical psychology is sung mainly by Drs. Kubie and Miller. They may object to this characterization of their contributions but their statements, implicitly and explicitly, point the way to a merger

of psychiatry and clinical psychology as we now know it. (Milton Wexler, M.D.)

The Theater of Spontaneity. By J. L. Moreno. Price $3.75. Pp. 113. New York, Beacon House, 1947.

Moreno's work is very difficult to understand. The phraseology is labored and the neologisms necessitate a new glossary. However, in this slim volume, with much digging, the kernel of psychodrama as an educational and therapeutic discipline may be uncovered.

If one is able to overlook the God-like tone and the expansiveness of the presentation the substrate of theory is good. The preface claims that this book, originally published in 1923, marks the turning point from religion to science in Moreno's writings. The pontifical and mystic quality of the book does not support this contention.

In short this is a poor book to read, but deserves a lasting place in scientific literature as the source of a new and promising method. (Victor W. Bikales, M.D.)

Current Trends in Psychology. Eight lectures under the auspices of the Department of Psychology in the College of the University of Pittsburgh. Pp. 225. Pittsburgh, Pennsylvania, University of Pittsburgh Press, 1947.

"Psychology As a Profession" is discussed by Wayne Dennis. This is followed by chapters on seven areas of psychological practice: "Experimental Psychology," by B. F. Skinner; "Child Psychology," by Robert R. Sears; "Clinical Psychology," by E. Lowell Kelly; "Psychotherapy," by Carl Rogers; "Personnel Psychology," by John C. Flanagan; "Human Engineering," by Clifford T. Morgan; "The Sample Interview Survey" by Rensis Likert. These discussions comprise the program of a conference on current trends in psychology at the University of Pittsburgh in March 1947. They provide the news and views in these major areas of the field.

For those in clinical psychology, the chapters by Dennis, Kelly, and Rogers are "must" reading. They cover the currently moot problems of professional status and objectives, the appearance of the Veterans Administration as the single most potent influence on the future of the profession, and the increasingly popular Rogers psychotherapy with which psychologists are becoming more and more identified. (Walter Kass)

CORRECTION

The book *Dynamics of Learning* by Nathaniel Cantor is published by Foster and Stewart Publishing Corporation, Buffalo, New York, rather than by Grune and Stratton who were the publishers given credit in the September, 1948 *Bulletin.*